

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title ::	INTERVERTEBRAL IMPLANT COMPRISING A THREE-PART ARTICULATION
Attorney Docket Number::	LUS-15893
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1
Total Drawing Sheets::	5
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Daniel
Middle Name::
Family Name:: Baumgartner
Name Suffix::
City of Residence:: Oensingen
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Weingartenweg 52
City of mailing address:: Oensingen
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-4702

100

CHX

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Adrian
Middle Name::
Family Name:: Burri
Name Suffix::
City of Residence:: Brig
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Juonweg 1
City of mailing address:: Brig
State or Province of mailing address::
Country of mailing address:: Switzerland

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CHX

10/526293

BT01 (P4) (P1) 01 MAR 2005

Postal or Zip Code of mailing address:: CH-3900

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Claude
Middle Name::
Family Name:: Mathieu
Name Suffix::
City of Residence:: Bettlach
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Aristonstrasse
City of mailing address:: Bettlach
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-2544

300

CHX

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Correspondence Information

Correspondence Customer Number :: 0040854
Phone number:: 216-566-9700
Fax Number: 216-566-9711
E-Mail address:: spaw@rankinhill.com

Representative Information

Representative Customer Number::	0040854	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CH2002/000476	09/02/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Mathys Medizinaltechnik AG
Street of mailing address::	Güterstrasse 5
City of mailing address::	Bettlach
State or Province of mailing address::	
Country of mailing address::	Switzerland
Postal or Zip Code of mailing address::	CH-2544